

**Montana Medicaid Fee Schedule
Freestanding Dialysis Clinic
October 1, 2011**

Revenue Code	Description	Fee
821	Hemodialysis/composite rate or other rate	\$262.00
831	Peritoneal/composite rate or other rate	\$262.00
841	Continuous Ambulatory Peritoneal Dialysis (CAPD)/ composite rate or other rate	\$262.00
851	Continuous Cycling Peritoneal Dialysis (CCPD)/ composite rate or other rate	\$262.00